

S.S Act  
1915(g)

Targeted Case Management - Homeless

Payments for targeted case management services to homeless Medicaid recipients is made on a fee-for-service basis. Rates are based on 15-minute units of service.

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T.N. # 93-002  
Supersedes 90-22 Approval Date MAY 21 1993 Effective Date JAN 01 1993  
T.N. # \_\_\_\_\_

1915 (g)  
of the Act

Targeted Case Management - HIV/AIDS

Payment for targeted case management services to clients having a diagnosis of HIV/AIDS will be on a fee-for-service basis. Rates are based on 15 minute units.

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T.N. # 93-002  
Supersedes T.N. # 92-021 Approval Date MAY 21 1993 Effective Date JAN 01 1993

TUBERCULOSIS -- Directly Observed Therapy

The payment for directly observed therapy is based on a weekly fee. Such fees are established to take into account the cost of the service site, service complexity, service intensity, and existing relationship between the provider and the recipient, record of compliance and completion of therapy. Cost used to negotiate fees include the estimated number of hours incurred by staff times the hourly wage rate with fringe benefits. In addition, the projected cost for medical supplies, equipment and facilities with reasonable overhead are considered during negotiations. The projected "reasonable costs" will be the upper payment limit for negotiated rates. Access to these fees will be available only to those providers who sign Provider Agreements. Fees paid to the provider will be negotiated for each client.

TUBERCULOSIS -- Targeted Case Management

Payment for targeted case management services to clients having a diagnosis of tuberculosis will be on a fee-for-service basis. Rates are based on 15 minute units using cost history for the homeless and clients having a diagnosis of HIV/AIDS.

10/20/94

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T.N. # 94-C03

Approval Date 11/22/94

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Effective Date 01/01/94

1915(g)  
of the Act

Targeted Case Management - Substance Abuse

Payment for targeted case management services to clients with a substance abuse disorder will be made on a fee-for-service basis to qualified providers. Medicaid payments will be the lesser of (1) the billed usual and customary charges to the general public; or (2) the established fee schedule.

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T.N. No. 95-014  
Supersedes  
T.N. No. new

Approval Date 12/04/95

Effective Date 10/01/95

42 CFR  
440.170

Presumptive Eligibility/ Expanded Prenatal Services

Payments are based on the established fee schedule for the defined services unless a lower amount is billed. The amount billed cannot exceed usual and customary charges to private pay patients.

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T.N. # 93-002  
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T.N. # \_\_\_\_\_

42 CFR  
440.170

PERSONAL CARE SERVICES

Medicaid payments for personal care services will be based on a fee schedule unless a lower amount is billed. Fees will be established based on the historical cost adjusted by economic trends and conditions. Providers must bill their usual and customary fees.

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T.N. # \_\_\_\_\_

42 CFR 440.130

MENTAL HEALTH DIAGNOSTIC AND REHABILITATIVE SERVICES

This payment plan covers diagnostic and rehabilitative ~~outpatient~~ <sup>ambulatory</sup> services including mental health evaluation, psychological testing, individual mental health therapy, group mental health therapy, medication management, group skills development services, intensive group skills development (for children ages 3 through 12), individual skills development services, individual behavior management, and group behavior management.

Fee-for-Service (FFS) Payments

Medicaid FFS payments are the lesser of (1) the billed usual and customary charges to the general public, or (2) the established fee schedule. The usual and customary charge is the most frequently billed charge prior to discounts.

FFS payments are paid to capitated mental health centers for services provided to foster care children (children in state custody). Foster care children are excluded from the capitation program for outpatient care services.

The FFS payments are the same regardless of whether the services are provided face-to-face, or through the telehealth mode of delivery. For telehealth services, the comprehensive mental health treatment center may not be reimbursed for the services of the presenting provider. The center may only be reimbursed for the service of the consultant. The services of a consultant will be billed by the center, using the established HCPC codes, and the "GT" and "TR" modifiers.

Monthly Capitation Payments

Medicaid clients enrolled in capitation programs receive services from the designated mental health contractor. The State Medicaid program pays a monthly premium similar to a private insurance premium. Payments are consistent with a 1915B waiver under the Utah Medicaid prepaid mental health plan. The payments are prospective based on the terms of the contract. Capitated Mental Health Centers cover all counties except Uintah, Daggett, Duchesne, and San Juan.

Medicaid clients enrolled in capitation programs receive services from the designated mental health contractor. The State Medicaid program pays a monthly premium similar to a private insurance premium. Payments are consistent with a 1915B waiver under the Utah Medicaid Prepaid Mental Health Plan. The payments are prospective based on the terms of the contract.

Retroactive Cost Settlement

Uintah, Daggett, Duchesne, and San Juan counties are not capitated. Rather, these centers are paid an all inclusive per diem interim rate. Annual retroactive settlements are made using cost reports filed by the centers. Such reports are prepared using Medicare regulations to define allowable costs. In applying the cost reimbursement principles a separate per diem cost is calculated for each operating unit.

T.N. No. 00-002  
Supersedes  
T.N. No. 99-012

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Effective Date 03/01/00

42 CFR  
440.130

Other Diagnostic, Preventive, Screening, and Rehabilitative  
Services

Poison Control Center

Payment for the State Poison Control Center will be in the amount established by contract between the Division of Family Health Services and the Division of Health Care Financing. This contract will be renegotiated annually based on the estimated percentage of Medicaid eligibles in the population served by the Center.

Telehealth

Payment for approved Telehealth services for Special Health Care Needs Children are based on the established fee schedule, unless a lower amount is billed.

Diabetes Self-Management Training

Payments for approved Diabetes Self-Management Training are based on the established fee schedule, unless a lower amount is billed.

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T.N. No. 99-013  
Supersedes  
T.N. No. 99-008

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Effective Date 10/01/99

Payment for Private Duty Nursing42 CFR  
440.80

Payment for private duty nursing provided to ventilator-dependent individuals will be calculated by multiplying the fixed hourly rate for each level of nursing (RN or LPN) by the number of hours authorized by the Medicaid agency. Payments will not exceed the usual and customary charges to private-pay patients.

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Supersedes

T.N. #

91-14Approval Date MAY 21 1993Effective Date JAN 01 1993

Payment for Hospice Services

SSA

Sec. 1905 (o)

For recipients who are not in a nursing home, Medicaid payments for hospice services will be made at one of the four predetermined rates established under Medicare. The rates will be based on the Medicare rates for Utah. (The rates that went into effect October 1, 1990, shall continue through December 31, 1990.) For each day that an individual is under the care of a Medicare-certified hospice, the hospice will be reimbursed, in accordance with the established Medicare fee schedule. Payment rates are based on the type and intensity of the services furnished to the individual for that day according to one of the following levels of care: routine home care, continuous home care, inpatient respite care, or general inpatient care.

For recipients in a nursing facility who elect to receive hospice service from a Medicare-certified hospice agency, Medicaid will pay the hospice agency an additional per diem (for routine home care and continuous home care days only) to cover the cost of room and board in the nursing facility. The room and board rate will be 95 percent of the statewide average base rate paid by Medicaid for nursing home services. Medicaid reimbursement to the nursing facility for the recipient will cease. The hospice agency will reimburse the nursing facility for the cost of room and board. In this context, room and board costs include performance of personal care services, including assistance in the activities of daily living, in socializing activities, administration of medication, maintaining the cleanliness of a resident's room, and supervising and assisting in the use of durable medical equipment and prescribed therapies.

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Supersedes

T.N. #

90-35

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